

Hohenfels Veterinary Treatment Facility
Building 746
APO AE 09173

MEMORANDUM FOR Hohenfels Veterinary Treatment Facility Staff

SUBJECT: Transfer of Registered Pet to a New Owner

1. I, _____, am giving up my dog/cat that is registered at the
(Name – first, middle initial, last)
Hohenfels Veterinary Treatment Facility for adoption, effective on _____.
(Date)

Pet's Name _____

Breed/Sex/Neutered or Spayed _____

Rabies Tag # _____

Date

Signature of Relinquishing Owner

2. I, _____, am adopting the animal listed above and my signature indicates that I fully understand the responsibility and financial liability inherent in owning a pet. Upon PCS or ETS I will only be able to clear the Hohenfels Veterinary Treatment Facility with either a signed DD2209 (Veterinary health Certificate) or proof of my pet's whereabouts. I further understand that my pet is required to be currently vaccinated against rabies (usually a yearly vaccination) and that I am responsible for paying all costs associated with ownership of this animal.

Printed Name & Rank of New Owner _____

Unit _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Date

Signature of New Owner